## PERSONAL HISTORY FORM City of Rocky Mount Boards, Commissions and Committees

NAME OF BOARD INTERESTED IN:	
NAME:	WARD:
MARITAL STATUS:	NAME OF SPOUSE:
HOME ADDRESS (mailing):	HOME PHONE:
EMPLOYER:	JOB TITLE:
WORK ADDRESS (mailing):	WORK PHONE:
WHERE WOULD YOU LIKE TO RECEIVE MAIL FROM THIS COM	MITTEE: HOME WORK:
DO YOU LIVE WITHIN THE CORPORATE LIMITS OF ROCKY MO	OUNT? ( ) YES ( ) NO
How Long Have You Been a Resident of Rocky Mount?	Years
HIGH SCHOOL ATTENDED:	
COLLEGE ATTENDED:	
CURRENT MEMBERSHIP IN ORGANIZATIONS & OFFICES HELI	):
PAST MEMBERSHIP IN ORGANIZATIONS AND OFFICES HELD:	
LIST PREVIOUS SERVICE ON CITY BOARD/COMMISSION (Include	le Dates):
DO YOU ANTICIPATE A CONFLICT OF INTEREST IF ASKED TO  ( ) YES ( ) NO IF YES, EXPLAIN:	
STATE REASONS WHY YOU FEEL QUALIFIED FOR THIS APPOINTS NEEDED).	·
Note: This information along with other material will be used by the C Commissions. In the event you are appointed, it may be used as APPLICATION SUBMITTED BY:	
SIGNATURE/DATE	SIGNATURE/DATE